

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9		1				
10		1				
11		1				
12		1				
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	117					
TOTAL CLAIMS	122					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						